

displays the patient's drug formulary preference to the prescriber prior to completion of the prescription. The display of this information is created.

As claimed in claim 76, "the drug contraindication review routine accessing contraindication information regarding the prescribed drug and generating an alert regarding a relevant such contraindication." The prescription creation software generate an alert when there is a contraindication regarding the prescribed drug.

As claimed in claim 79, "the system being operative to display an electronically generated prescription history of a patient's prior prescribed treatments." The computer-implemented patient prescription history record display system displays an electronically generated prescription history of a patient's prior prescribed treatments.

As claimed in claim 84, "a patient data access control software system for implementation on a computer for screening users attempting to access a patient history data." The software system controls access to a patient's data.

As claimed in claim 85, "a prescription output screen device to output a completed prescription; wherein the completed prescription includes the patient condition and identification and quantification data regarding a drug prescribed by the prescriber user for treatment of the patient condition, the patient condition and drug data being captured into the prescription by the data capture devices." The prescription creation software system outputs a completed prescription via a prescription output screen device.

As a result, each of the independent claims are performing a definite function as described above. Moreover, the conditional language of "when implemented on a computer" has been deleted from the claims. Therefore, this rejection has been overcome.

Claims 70-78 and 85 stand rejected under non-statutory, judicially created doctrine of obviousness-type double patenting as being unpatentable over claims 1-34 of U.S. Patent 5,845,255.

Applicant encloses a terminal disclaimer to overcome the judicially created double patenting rejection.

For these and other reasons, claims 70-78 and 85 are patentable over the cited art.

Claims 79-83 stand rejected under 35 U.S.C. 102(e) as being anticipated by Goldman et al. (U.S. Patent Number 5,542,420). This rejection is respectfully traversed.

Independent Claim 79 is directed to a computer-implemented patient prescription history record display system having a program embodied on a computer-readable medium, the system being operative to display an electronically generated prescription history of a patient's prior prescribed treatments at multiple record-independent facilities, the prescription history record comprising a patient identifier, a prescribed drug, at least one drug quantifier for the prescribed drug and a treatment date for each treatment, wherein the patient history record is a virtual patient record newly assembled online from multiple separate components respectively obtained from multiple remote source data bases in response to a system user request for the patient prescription history record.

Goldman et al. is directed to a personalized method and systems for storage, communication, analysis, and processing of health-related data. Specifically, Goldman et al. is directed to a health care system for specifying edibles to individual subjects, i.e., for weight loss. Goldman et al. discloses a pharmacy terminal which displays an individual's prescription. (See Column 17, lines 15-32).

However, Goldman et al. fails to disclose or suggest a system being operative to display an electronically generated prescription history of a patent's prior prescribed treatments. Displaying a patient's prior prescribed treatment allows a doctor using the system as claimed in claim 79 to determine what has or has not worked in the past for a patient. For example, if a patient has repeatedly taken the same prescribed drug in the past for the same problem, the doctor may or may not prescribe the same drug.

Goldman et al. fails to disclose or suggest a system being operative to display an electronically generated prescription history of a patent's prior prescribed treatments because Goldman et al. is only concerned with an individual's present condition. As a result, Goldman et al. fails to disclose or suggest displaying a patient's prescribed treatments.

For these and other reasons, claim 79, as well as dependent claims 80-83, are patentable over the cited art.

Claim 84 stands rejected under 35 U.S.C. § 102(e) as being anticipated by Ballantyne et al. (U.S. Patent Number 5,867,821). This rejection is respectfully traversed.

Claim 84 is directed to a patient data access control software system for implementation on a computer for screening users attempting to access a patient history data. The system allows only pre-authorized users to access patient data, wherein access control is maintained by reference to record-access specifications provided in a security profile in a pre-authorization file the pre-authorization file being used to control access to the patient's data and wherein the record-access specifications determining which parties can access what data during what period of time.

Ballantyne et al. fail to disclose or suggest a patient data access control software system which controls access to what data and what period of time such access right may be effective. Controlling the access with respect to time provides an additional security measure that Ballantyne et al. does not address.

For these and other reasons, claim 84 is patentable over the cited art.

In view of the above, it is believed this application is in condition for allowance, and such a Notice is respectfully solicited.

Please charge any shortage in fees due in connection with the filing of this paper, including extension of time fees to Deposit Account 500417 and please credit any excess fees to such deposit account.

Respectfully submitted,

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Date: February 29, 2000

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WDC99 183710-1.048850.0036